

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT			AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1				51						
2			1		1		52						
3			1		1		53						
4			1		1		54						
5			1		1		55						
6			1		1		56						
7			1		1		57						
8			1		1		58						
9			1		1		59						
10			1		1		60						
11			1		1		61						
12			1		1		62						
13			1		1		63						
14			1		1		64						
15			1		1		65						
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17			1		1		67						
18			1		1		68						
19			1		1		69						
20			1		1		70						
21			1		1		71						
22			1		1		72						
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24							74						
25							75						
26							76						
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41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.							TOTAL IND.						
TOTAL DEP.							TOTAL DEP.						
TOTAL CLAIMS							TOTAL CLAIMS						

14  
20